## STATEMENT OF EXPENSES INCURRED FOR CITY OF MILWAUKEE

LAST NAME, FIRST, MI	TITLE		EMPLOYEE NUMBER	VOUCHER NUMBER
EMPLOYEE'S ADDRESS				
ORGANIZATION	AUTHORITY		AUTHORIZED AMOUNT	
DESTINATIONS(S)		THE EXPENSES INCLUDED ON THIS FORM ARE FOR THE FOLLOWING ADDITIONAL PERSONS LIST NAME AND TITLE)		
DATES				
Account  6 3 6 5 0 1  Budget Ref	Fund Project/Gran	Dept ID	Program	Class
PURPOSE OF THE TRIP		EXPENSES SUBJECT TO PER DIEM		
		1. MEALS, NOT PROVIDED IN REGIS 2. TAXI OR OTHER LOCAL TRANSPO 3. TELEPHONE OR FAX	DRTATION COSTS	\$ <b>\$</b>
EXPENSES ELIGIBLE FOR REIMBURSEMENT  Under § 350-181 of the code of ordinances providing rules for the reimbursement of expenses for attendance at seminars and conventions and other city travel, generally the City shall pay the actual expense for registration, transportation (up to airline coach fare), hotel (up to single rate for the number of days in attendance but not to exceed five days), and other miscellaneous expenses but not to exceed an established per diem. See § 350-181 for the complete travel regulations and procedures.		A. B. C. 5. A. TOTAL ACTUAL EXPENSES SUBJECT TO PER DIEM (TOTAL OF LINES 1 THRU 4-C)		\$ 0.00
		B. NUMBER OF DAYS IN ATTEND TIMES PER DIEUM RATE (IF AF	ANCE PLUS ONE PPLICABLE)	<u> </u>
EMPLOYEE CERTIFICATION  I hereby certify that the expenses listed on this statement represent actual expenses incurred by me in conjunction with my duties and responsibilities. I further warrant these expenses have not been reimbursed to me by any other person or organization and request reimbursement in accordance with ordinance § 350-181.		TOTAL ELIGIBLE CITY EXP  6. PER DIEM EXPENSES CLAIMED (I  7. A. IF AUTO TRAVEL, ENTER NUN FOR CITY BUSINESS  B. ALTERNATIVE TRANSPORTAT	LESSER OF 5(A) OR 5(B)	\$
		AIR RAIL OTHER (DESCRIBE)_		\$
SIGNATURE	DATE	LODGING*      REGISTRATION FEE*		
		10. TOTAL CITY EXPENSES		<u> </u>
VOUCHER NUMBER		LESS PREPAID EXPENSES	BY CITY	
	$\xrightarrow{\longrightarrow}$	TRANSPORTATION		
		REGISTRATION FEE*		
$\longrightarrow$		OTHER		
		TOTAL PREPAID EXPENSES		*(
	$\longrightarrow$	LESS ADVANCES TAKEN TRAVEL ADVANCES		\$( )
REPORT ALL EXPENSES REQUIRED TO CONDUCT TRAVEL. IF PREPAID, ITEMIZE AND DEDUCT TO ARRIVE AT AMOUNT DUE EMPLOYEE. LIST VOUCHER(S) PREVIOUSLY SUBMITTED FOR PREPAIDS ABOVE.		TOTAL AMOUNT DUE FROM	// (TO) CITY	\$
		*RECEIPT ALWAYS REQUIRED		

## **INSTRUCTIONS** for Completing CBP-211 Statement of Expense Incurred for City of Milwaukee

## When completing this form:

- 1. Use the tab key to move from field to field.
- 2. Submit two copies of the statement of expenses to the Comptroller's Office with the approved and signed control group.
- 3. This is only a fill-in form; it does not calculate any totals.
- 4. Enter whole dollars and/or .xx cents where applicable (i.e. enter 40 for \$40.00 or enter 40.22 for \$40.22)
- 5. Employee number is PeopleSoft employee id and is 6 digits.
- 6. Voucher number is 8 digits.